

1065**U.S. Return of Partnership Income**

OMB No. 1545-0123

2017

For calendar year 2017, or tax year beginning _____, 2017, ending _____, 20____

▶ Go to www.irs.gov/Form1065 for instructions and the latest information.Department of the Treasury
Internal Revenue Service

Principal business activity

RE RENTAL

Principal product or service

RE RENTAL

Business code number

531120

**Type
or
Print**

Name of partnership

JO & MIKE PROPERTIES LLC

Number, street, and room or suite no. If a P.O. box, see the instructions.

6490 W DESERT INN RD

City or town, state or province, country, and ZIP or foreign postal code

LAS VEGAS

NV

89146

D Employer identification number

26-2934889

E Date business started

04/25/2008

F Total assets (see the instructions)

\$ 862,304

- G** Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
(6) ☐ Technical termination - also check (1) or (2)
- H** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ _____
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 2
- J** Check if Schedules C and M-3 are attached ☐

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

| | | | | |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------|------------|---|
| Income | 1a Gross receipts or sales | 1b | 1c | 0 |
| | b Returns and allowances | | 2 | 0 |
| | c Balance. Subtract line 1b from line 1a | | 3 | 0 |
| | 2 Cost of goods sold (attach Form 1125-A) | | 4 | 0 |
| | 3 Gross profit. Subtract line 2 from line 1c | | 5 | 0 |
| | 4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) | | 6 | 0 |
| | 5 Net farm profit (loss) (attach Schedule F (Form 1040)) | | 7 | 0 |
| | 6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) | | 8 | 0 |
| 7 Other income (loss) (attach statement) | | 9 | | |
| 8 Total income (loss). Combine lines 3 through 7 | | 10 | 0 | |
| See the instructions for limitations | 9 Salaries and wages (other than to partners) (less employment credits) | | 11 | 0 |
| | 10 Guaranteed payments to partners | | 12 | |
| | 11 Repairs and maintenance | | 13 | |
| | 12 Bad debts | | 14 | |
| | 13 Rent | | 15 | |
| | 14 Taxes and licenses | | 16a | 0 |
| | 15 Interest | | 16b | |
| | 16a Depreciation (if required, attach Form 4562) | | 16c | 0 |
| | b Less depreciation reported on Form 1125-A and elsewhere on return | | 17 | |
| | 17 Depletion (Do not deduct oil and gas depletion.) | | 18 | |
| | 18 Retirement plans, etc. | | 19 | |
| | 19 Employee benefit programs | | 20 | 0 |
| | 20 Other deductions (attach statement) | | 21 | 0 |
| | 21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. | | 22 | 0 |

2 **Ordinary business income (loss).** Subtract line 21 from line 8

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

| | | | |
|----------------------------------------------------------|----------------------|--------------------------|-------------------------------------------------|
| Signature of partner or limited liability company member | | Date | |
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed |
| LEANNE DUNK | | | PTIN P01452540 |
| Firm's name ▶ M J Moore & Company LLC | | Firm's EIN ▶ 73-1700777 | |
| Firm's address ▶ 6490 W Desert Inn Rd Las Vegas NV 89146 | | Phone no. (702) 253-7499 | |

Reduction Act Notice, see separate instructions.

Cat. No. 113902

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Schedule B Other Information

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1 What type of entity is filing this return? Check the applicable box: | Yes | No |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> a <input type="checkbox"/> Domestic general partnership c <input checked="" type="checkbox"/> Domestic limited liability company e <input type="checkbox"/> Foreign partnership </div> <div style="width: 48%;"> b <input type="checkbox"/> Domestic limited partnership d <input type="checkbox"/> Domestic limited liability partnership f <input type="checkbox"/> Other ▶ </div> </div> | | |
| 2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? | | x |
| 3 At the end of the tax year: | | |
| a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership | | |
| b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership | | |
| 4 At the end of the tax year, did the partnership: | | |
| a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below | | x |

| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage Owned in Voting Stock |
|-------------------------|----------------------------------------------|--------------------------------|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|
| b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below | | x |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Type of Entity | (iv) Country of Organization | (v) Maximum Percentage Owned in Profit, Loss, or Capital |
|--------------------|----------------------------------------------|----------------------|------------------------------|----------------------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details | Yes | No |
| | | |
| 6 Does the partnership satisfy all four of the following conditions? | | |
| a The partnership's total receipts for the tax year were less than \$250,000. b The partnership's total assets at the end of the tax year were less than \$1 million. c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. d The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1. | | |
| 7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)? | | |
| 8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? | | |
| 9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? | | |
| 10 At any time during calendar year 2017, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶ | | |

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Page **3****Schedule B Other Information (continued)**

| | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions | | |
| 12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election. | | |
| b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions | | |
| c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions | | |
| 13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/> | | |
| 14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? | | |
| 15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ► | | |
| 16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ► | | |
| 17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ► | | |
| 18a Did you make any payments in 2017 that would require you to file Form(s) 1099? See instructions | | |
| b If "Yes," did you or will you file required Form(s) 1099? | | |
| 19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ► | | |
| 20 Enter the number of partners that are foreign governments under section 892. ► | | |
| 21 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)? | | |
| 22 Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for Form 8938)? | | |

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

| | |
|-------------------------------------------------------|-----------------------------|
| Name of designated TMP ► | Identifying number of TMP ► |
| If the TMP is an entity, name of TMP representative ► | Phone number of TMP ► |
| Address of designated TMP ► | |

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| Schedule K Partners' Distributive Share Items | | Total amount | |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------|--------------|---------|
| Income (Loss) | 1 Ordinary business income (loss) (page 1, line 22) | 1 | 0 |
| | 2 Net rental real estate income (loss) (attach Form 8825) | 2 | -62,093 |
| | 3a Other gross rental income (loss) | 3a | |
| | b Expenses from other rental activities (attach statement) | 3b | 0 |
| | c Other net rental income (loss). Subtract line 3b from line 3a | 3c | 0 |
| | 4 Guaranteed payments | 4 | 0 |
| | 5 Interest income | 5 | |
| | 6 Dividends: a Ordinary dividends | 6a | |
| | b Qualified dividends | 6b | |
| | 7 Royalties | 7 | |
| | 8 Net short-term capital gain (loss) (attach Schedule D (Form 1065)) | 8 | 0 |
| Income (Loss) | 9a Net long-term capital gain (loss) (attach Schedule D (Form 1065)) | 9a | 0 |
| | b Collectibles (28%) gain (loss) | 9b | |
| | c Unrecaptured section 1250 gain (attach statement) | 9c | 0 |
| | 10 Net section 1231 gain (loss) (attach Form 4797) | 10 | 0 |
| Deductions | 11 Other income (loss) (see instructions) Type ▶ | 11 | 0 |
| | 12 Section 179 deduction (attach Form 4562) | 12 | 0 |
| | 13a Contributions | 13a | 0 |
| | b Investment interest expense | 13b | |
| Self-Employment | c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶ | 13c(2) | 0 |
| | d Other deductions (see instructions) Type ▶ | 13d | 0 |
| | 14a Net earnings (loss) from self-employment | 14a | 0 |
| | b Gross farming or fishing income | 14b | |
| Credits | c Gross nonfarm income | 14c | 0 |
| | 15a Low-income housing credit (section 42(j)(5)) | 15a | 0 |
| | b Low-income housing credit (other) | 15b | 0 |
| | c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) | 15c | 0 |
| | d Other rental real estate credits (see instructions) Type ▶ | 15d | 0 |
| | e Other rental credits (see instructions) Type ▶ | 15e | 0 |
| Foreign Transactions | f Other credits (see instructions) Type ▶ | 15f | 0 |
| | 16a Name of country or U.S. possession ▶ | | |
| | b Gross income from all sources | 16b | |
| | c Gross income sourced at partner level | 16c | |
| | Foreign gross income sourced at partnership level | | |
| | d Passive category ▶ e General category ▶ f Other ▶ | 16f | |
| | Deductions allocated and apportioned at partner level | | |
| | g Interest expense ▶ h Other ▶ | 16h | |
| | Deductions allocated and apportioned at partnership level to foreign source income | | |
| | i Passive category ▶ j General category ▶ k Other ▶ | 16k | |
| Alternative Minimum Tax (AMT) Items | l Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/> | 16l | |
| | m Reduction in taxes available for credit (attach statement) | 16m | 0 |
| | n Other foreign tax information (attach statement) | | |
| | 17a Post-1986 depreciation adjustment | 17a | |
| | b Adjusted gain or loss | 17b | |
| | c Depletion (other than oil and gas) | 17c | |
| Other Information | d Oil, gas, and geothermal properties—gross income | 17d | |
| | e Oil, gas, and geothermal properties—deductions | 17e | |
| | f Other AMT items (attach statement) | 17f | 0 |
| | 18a Tax-exempt interest income | 18a | |
| | b Other tax-exempt income | 18b | |
| | c Nondeductible expenses | 18c | |
| Other Information | 19a Distributions of cash and marketable securities | 19a | |
| | b Distributions of other property | 19b | |
| | 20a Investment income | 20a | |
| | b Investment expenses | 20b | |
| | c Other items and amounts (attach statement) | | |

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Analysis of Net Income (Loss)

| | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|----------------------------|------------------|-------------------------|--------------------|---------|
| 1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16i | | | | | | 1 | -62,093 |
| 2 Analysis by partner type: | (i) Corporate | (ii) Individual (active) | (iii) Individual (passive) | (iv) Partnership | (v) Exempt Organization | (vi) Nominee/Other | |
| a General partners | | | | | | | |
| b Limited partners | | | | | | | |

| Schedule L Balance Sheets per Books | | Beginning of tax year | | End of tax year | |
|----------------------------------------------------------|--|-----------------------|---------|-----------------|---------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 Cash | | | | | |
| 2a Trade notes and accounts receivable | | | | | |
| b Less allowance for bad debts | | | 0 | | 0 |
| 3 Inventories | | | | | |
| 4 U.S. government obligations | | | | | |
| 5 Tax-exempt securities | | | | | |
| 6 Other current assets (attach statement) | | | 0 | | 0 |
| 7a Loans to partners (or persons related to partners) | | | | | |
| b Mortgage and real estate loans | | | | | |
| 8 Other investments (attach statement) | | | 0 | | 0 |
| 9a Buildings and other depreciable assets | | 850,000 | | 850,000 | |
| b Less accumulated depreciation | | 182,534 | 667,466 | 200,696 | 649,304 |
| 10a Depletable assets | | | | | |
| b Less accumulated depletion | | | 0 | 0 | 0 |
| 11 Land (net of any amortization) | | | 213,000 | | 213,000 |
| 12a Intangible assets (amortizable only) | | | | | |
| b Less accumulated amortization | | | 0 | 0 | 0 |
| 13 Other assets (attach statement) | | | 0 | | 0 |
| 14 Total assets | | | 880,466 | | 862,304 |
| Liabilities and Capital | | | | | |
| 15 Accounts payable | | | | | |
| 16 Mortgages, notes, bonds payable in less than 1 year | | | | | |
| 17 Other current liabilities (attach statement) | | | 0 | | 0 |
| 18 All nonrecourse loans | | | | | |
| 19a Loans from partners (or persons related to partners) | | | | | |
| b Mortgages, notes, bonds payable in 1 year or more | | | 642,522 | | 624,872 |
| 20 Other liabilities (attach statement) | | | 0 | | 0 |
| 21 Partners' capital accounts | | | 237,944 | | 237,432 |
| 22 Total liabilities and capital | | | 880,466 | | 862,304 |

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The partnership may be required to file Schedule M-3 (see instructions).

| | | | |
|--------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------|---------|
| 1 Net income (loss) per books | -62,093 | 6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize): | |
| 2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize): | 0 | a Tax-exempt interest \$ | 0 |
| 3 Guaranteed payments (other than health insurance) | 0 | 7 Deductions included on Schedule K, lines 1 through 13d, and 16i, not charged against book income this year (itemize): | |
| 4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16i (itemize): | | a Depreciation \$ | 0 |
| a Depreciation \$ | | 8 Add lines 6 and 7 | 0 |
| b Travel and entertainment \$ | 0 | 9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5 | -62,093 |
| 5 Add lines 1 through 4 | -62,093 | | |

Schedule M-2 Analysis of Partners' Capital Accounts

| | | | |
|--------------------------------|---------|-------------------------------------------------------|---------|
| 1 Balance at beginning of year | 237,944 | 6 Distributions: a Cash | |
| 2 Capital contributed: a Cash | | b Property | |
| b Property | | 7 Other decreases (itemize): | 0 |
| 3 Net income (loss) per books | -62,093 | 8 Add lines 6 and 7 | 0 |
| 4 Other increases (itemize): | 0 | 9 Balance at end of year. Subtract line 8 from line 5 | 175,851 |
| 5 Add lines 1 through 4 | 175,851 | | |

651117

OMB No. 1545-0123

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2017**

For calendar year 2017, or tax year

beginning / / ending / / **Partner's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number
26-2934889**B** Partnership's name, address, city, state, and ZIP code
JO & MIKE PROPERTIES LLC
6490 W DESERT INN RD

LAS VEGAS NV 89146

C IRS Center where partnership filed return**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's identifying number
348-32-9205**F** Partner's name, address, city, state, and ZIP code
JO ANN JOHANNESSEN TRUST
UA DTD NOV 1 2004 JOHANNESSEN TRUST
LAS VEGAS NV 89130**G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member**H** ☒ Domestic partner ☐ Foreign partner**I1** What type of entity is this partner? 1-Individual**I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital (see instructions):
Beginning Ending

| | | |
|---------|-------|-------|
| Profit | 0 % | 0 % |
| Loss | 100 % | 100 % |
| Capital | 50 % | 50 % |

K Partner's share of liabilities at year end:

| | | |
|---------------------------------|----|--|
| Nonrecourse | \$ | |
| Qualified nonrecourse financing | \$ | |
| Recourse | \$ | |

L Partner's capital account analysis:

| | | |
|-------------------------------------|----|---------|
| Beginning capital account | \$ | 361,157 |
| Capital contributed during the year | \$ | 57,950 |
| Current year increase (decrease) | \$ | -62,093 |
| Withdrawals & distributions | \$ | (0) |
| Ending capital account | \$ | 357,014 |

☒ Tax basis ☐ GAAP ☐ Section 704(b) book
☐ Other (explain)
M Did the partner contribute property with a built-in gain or loss?
☐ Yes ☒ No
 If "Yes," attach statement (see instructions)
☐ Final K-1☐ Amended K-1**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

| | | |
|-----------------------------------------------|---------|--------------------------------------------------------|
| 1 Ordinary business income (loss) | 0 | 15 Credits |
| 2 Net rental real estate income (loss) | -62,093 | |
| 3 Other net rental income (loss) | 0 | 16 Foreign transactions |
| 4 Guaranteed payments | | |
| 5 Interest income | 0 | |
| 6a Ordinary dividends | 0 | |
| 6b Qualified dividends | 0 | |
| 7 Royalties | 0 | |
| 8 Net short-term capital gain (loss) | 0 | |
| 9a Net long-term capital gain (loss) | 0 | 17 Alternative minimum tax (AMT) items |
| 9b Collectibles (28%) gain (loss) | 0 | |
| 9c Unrecaptured section 1250 gain | 0 | |
| 10 Net section 1231 gain (loss) | 0 | 18 Tax-exempt income and nondeductible expenses |
| 11 Other income (loss) | 0 | |
| 12 Section 179 deduction | | 19 Distributions |
| 13 Other deductions | 0 | |
| 14 Self-employment earnings (loss) | | 20 Other information |

*See attached statement for additional information.

For IRS Use Only

651117

OMB No. 1545-0123

☐ Final K-1☐ Amended K-1**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2017**

For calendar year 2017, or tax year

beginning / / ending / / **Partner's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number
26-2934889**B** Partnership's name, address, city, state, and ZIP code
JO & MIKE PROPERTIES LLC
6490 W DESERT INN RD

LAS VEGAS NV 89146

C IRS Center where partnership filed return**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's identifying number
462-90-3077**F** Partner's name, address, city, state, and ZIP code
MIKE MOORE
PO BOX 30211
LAS VEGAS NV 89173**G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member**H** ☒ Domestic partner ☐ Foreign partner**I1** What type of entity is this partner? 1-Individual**I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital (see instructions):

| Beginning | | Ending | |
|-----------|------|--------|------|
| Profit | 0 % | | 0 % |
| Loss | 0 % | | 0 % |
| Capital | 50 % | | 50 % |

K Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ _____

L Partner's capital account analysis:

Beginning capital account \$ _____

Capital contributed during the year \$ _____

Current year increase (decrease) \$ _____ 0

Withdrawals & distributions \$ (_____) 0

Ending capital account \$ _____ 0

☒ Tax basis ☐ GAAP ☐ Section 704(b) book

☐ Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

☐ Yes ☒ No

If "Yes," attach statement (see instructions)

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

| | | |
|-----------------------------------------------|---|--------------------------------------------------------|
| 1 Ordinary business income (loss) | 0 | 15 Credits |
| 2 Net rental real estate income (loss) | 0 | |
| 3 Other net rental income (loss) | 0 | 16 Foreign transactions |
| 4 Guaranteed payments | | |
| 5 Interest income | 0 | |
| 6a Ordinary dividends | 0 | |
| 6b Qualified dividends | 0 | |
| 7 Royalties | 0 | |
| 8 Net short-term capital gain (loss) | 0 | |
| 9a Net long-term capital gain (loss) | 0 | 17 Alternative minimum tax (AMT) items |
| 9b Collectibles (28%) gain (loss) | 0 | |
| 9c Unrecaptured section 1250 gain | 0 | |
| 10 Net section 1231 gain (loss) | 0 | 18 Tax-exempt income and nondeductible expenses |
| 11 Other income (loss) | 0 | |
| 12 Section 179 deduction | | 19 Distributions |
| 13 Other deductions | | |
| 14 Self-employment earnings (loss) | 0 | 20 Other information |

*See attached statement for additional information.

For IRS Use Only

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017Attachment
Sequence No. **179**

Name(s) shown on return

JO & MIKE PROPERTIES LLC

Business or activity to which this form relates

Identifying number

26-2934889

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 510,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | 0 |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,030,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 0 |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 510,000 |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | 0 |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | 0 |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | 0 |
| 10 | Carryover of disallowed deduction from line 13 of your 2016 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | 510,000 |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | 0 |
| 13 | Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶ | 13 | 0 |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

| | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | 0 |
| 15 | Property subject to section 168(f)(1) election | 15 | 0 |
| 16 | Other depreciation (including ACRS) | 16 | 0 |

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

| | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2017 | 17 | 21,794 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | 0 | 0 | | | 0 |
| b 5-year property | | 0 | 0 | | | 0 |
| c 7-year property | | 0 | 0 | | | 0 |
| d 10-year property | | 0 | 0 | | | 0 |
| e 15-year property | | 0 | 0 | | | 0 |
| f 20-year property | | 0 | 0 | | | 0 |
| g 25-year property | | 0 | | | | 0 |
| h Residential rental property | | 0 | | | | 0 |
| i Nonresidential real property | | 0 | 0 | | | 0 |

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|---|---|--|--|---|
| 20a Class life | | 0 | 0 | | | 0 |
| b 12-year | | 0 | | | | 0 |
| c 40-year | | 0 | | | | 0 |

Part IV Summary (See instructions.)

| | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 21 | Listed property. Enter amount from line 28 | 21 | 0 |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 21,794 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|----------------------------|--------------------------------------------------------------|------------------------|--------------------------|-------------------------------|---------------------------------|--|-------------------------------------------------------------------------------------------------|---|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost | | | |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . | | | | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | | | | |
| | | % | | | | | | | | | |
| | | % | | | | | | | | | |
| | | % | | | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | | | | |
| | | % | | | | S/L - | | | | | |
| | | % | | | | S/L - | | | | | |
| | | % | | | | S/L - | | | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . | | | | | | | | | | 28 | 0 |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . | | | | | | | | | | 29 | 0 |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---------------------------------------------------------------------------------------------|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (don't include commuting miles) . | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year | |
|------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|---|
| 42 Amortization of costs that begins during your 2017 tax year (see instructions): | | | | | | |
| | | | | | | |
| 43 Amortization of costs that began before your 2017 tax year | | | | | 43 | 0 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 | 0 |

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Form 8825
(Rev. September 2017)
Department of the Treasury
Internal Revenue Service

Rental Real Estate Income and Expenses of a Partnership or an S Corporation

▶ Attach to Form 1065, Form 1065-B, or Form 1120S.
▶ Go to www.irs.gov/Form8825 for the latest information.

OMB No. 1545-0123

Name **JO & MIKE PROPERTIES LLC** Employer identification number **26-2934889**

| 1 Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties. | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--|--|--|------------------------------------------|------------------|-------------------|
| | Physical address of each property—street, city, state, ZIP code | | | | Type—Enter code 1–8; see page 2 for list | Fair Rental Days | Personal Use Days |
| A | 6490 W DESERT INN RD LAS VEGAS NV 89146 | | | | 4 | 365 | 0 |
| B | | | | | | | |
| C | | | | | | | |
| D | | | | | | | |

| | | Properties | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---|---|---|
| | | A | B | C | D |
| 2 | Gross rents | 0 | | | |
| Rental Real Estate Expenses | | | | | |
| 3 | Advertising | | | | |
| 4 | Auto and travel | 0 | 0 | 0 | 0 |
| 5 | Cleaning and maintenance | | | | |
| 6 | Commissions | | | | |
| 7 | Insurance | | | | |
| 8 | Legal and other professional fees | | | | |
| 9 | Interest | 37,130 | | | |
| 10 | Repairs | | | | |
| 11 | Taxes | 3,020 | | | |
| 12 | Utilities | 149 | | | |
| 13 | Wages and salaries | | | | |
| 14 | Depreciation (see instructions) | 21,794 | 0 | 0 | 0 |
| 15 | Other (list) ▶ | | | | |
| Total Other Expenses | | | | | |
| 16 | Total expenses for each property. Add lines 3 through 15 | 62,093 | 0 | 0 | 0 |
| 17 | Income or (loss) from each property. Subtract line 16 from line 2 | -62,093 | 0 | 0 | 0 |
| 18a | Total gross rents. Add gross rents from line 2, columns A through H | 0 | | | |
| 18b | Total expenses. Add total expenses from line 16, columns A through H | (62,093) | | | |
| 19 | Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities | 0 | | | |
| 20a | Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1) | | | | |
| b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed. | | | | | |
| (1) Name | | (2) Employer identification number | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 21 | Net rental estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2; or • Form 1065-B: Part I, line 4 | -62,093 | | | |